Foster Family Home - Deficiency Report

Provider ID: **1-170076**

Home Name: **Joyce Agustin, CNA**   **Review ID:**   **1-170076-14**

98-1584 Hoomahilu Street   Reviewer: Maribel Nakamine

Pearl City   HI   96782   Begin Date: 9/27/2023

Foster Family Home	**Required Certificate**	**[11-800-6]**

6.(d)(1)   Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 9/27/23).

Foster Family Home	**Background Checks**	**[11-800-8]**

8.(a)(1)   Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)   Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2 without a 2nd set of APS/CAN/Fingerprint results present. HHM#2's APS/CAN lapsed on 7/21/23 and Ecrim lapsed on 7/23/23.

3 Person Fire Safety, Natural Disaster	**3 Person Fire Safety**	**(3P) Fire**

(3P)(b)(6) Fire   shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- No monthly fire drill conducted by CG#4 for the past 12 months.

Foster Family Home	**Quality Assurance**	**[11-800-50]**

50.(a)   The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home	**Records**	**[11-800-54]**

54.(b)   The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No signatures of caregivers were present for each dated entry in Client #1's chart from 1/8/23- 9/24/23.

Maribel Nakamine, RN   9/27/23

_____   _____
Compliance Manager   Date

Agustin   9/27/23

_____   _____
Primary Care Giver   Date